Case 20-13664-pmm Doc 15 Filed 10/26/20 Entered 10/26/20 14:58:01 Desc Main Document Page 1 of 30

| Fill in this infor | mation to identify your | case: | · | |
|---------------------|--------------------------|--------------------|----------------|---------|
| Debtor 1 | Paul S. Wheaton | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | |
| Case number | 20-13664 | | | |
| (if known) | | | |] Check |
| | | | | amend |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. t1: Summarize Your Assets | | |
|-----|---|------------|----------------------------|
| Fai | Summanze Tour Assets | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$_ | 700,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$_ | 2,485.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$_ | 702,485.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities int you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$_ | 676,598.67 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 5,022,728.22 |
| | Your total liabilities | \$ | 5,699,326.89 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,391.95 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,980.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | al, family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______9,615.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | | | Doc | ument | Page 3 0 | 130 | | | | |
|---------------|----------------|-------------------------------------|----------------------|--------------|-----------------|----------------------|----------------|--------------------------------|----------------|--------|------------------------------------|
| Filli | n this info | ormation to identify y | our case and th | is filing: | | | | | | | |
| Deb | tor 1 | Paul S. Whea | ton | | | | | | | | |
| 200 | | First Name | | Name | | Last Name | | | | | |
| | tor 2 | First Name | Middle | Name | | Loot Name | | | | | |
| ' ' | se, if filing) | | | | | Last Name | | | | | |
| Unite | ed States I | Bankruptcy Court for the | ne: EASTERN | DISTRIC | CT OF PENNS | SYLVANIA | | | | | |
| Case | e number | 20-13664 | | | | | | | | | Check if this is an |
| | | | | | | | | | | а | mended filing |
| | | | | | | | | | | | |
| Off | icial F | orm 106A/B | | | | | | | | | |
| Sc | hedi | ile A/B: Pr | onerty | | | | | | | 4 | 2/15 |
| | | , separately list and des | | an asset o | only once. If a | n asset fits in mo | ore than one | category, list | the asset in t | | |
| think | it fits best. | Be as complete and ac | curate as possibl | e. If two n | narried people | are filing togeth | er, both are | equally respor | nsible for sup | plying | correct |
| | er every qu | ore space is needed, at lestion. | tacii a separate si | ieet to tiii | is form. On the | e top or any additi | lionai pages, | write your na | ille allu case | Hullib | er (ii known). |
| Part | 1: Descri | oe Each Residence, Bui | lding, Land, or Ot | her Real F | Estate You Ow | n or Have an Inte | erest In | | | | |
| | | | | | | | | | | | |
| 1. D o | you own o | r have any legal or equ | itable interest in a | ny reside | nce, building, | land, or similar p | property? | | | | |
| | No. Go to F | Part 2. | | | | | | | | | |
| | Yes. Wher | e is the property? | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1.1 | | | | What i | s the property | ? Check all that app | ly | | | | |
| | | llow Goose Road | | | Single-family h | nome | | | | | exemptions. Put |
| | Street addre | ss, if available, or other descr | iption | | Duplex or mult | ti-unit building | | | | | on Schedule D: red by Property. |
| | | | | | Condominium | or cooperative | | | | | , , , |
| | | | | | Manufactured | or mobile home | | 0 | | | |
| | Lancast | er PA | 17601-0000 | | Land | | | Current valuentire prope | | | ent value of the on you own? |
| | City | State | ZIP Code | | Investment pro | operty | | \$700 | ,000.00 | | \$700,000.00 |
| | | | | | Timeshare | | | | | | nership interest |
| | | | | _ | Other | in the property? | Check one | (such as fee a life estate) | | ncy by | the entireties, or |
| | | | | | Debtor 1 only | in the property. | Officer offic | · | | | |
| | Lancast | er | | | Debtor 2 only | | | | | | |
| | County | | | | Debtor 1 and [| Debtor 2 only | | - Check i | f this is comi | munity | property |
| | | | | | | the debtors and a | | (see instr | uctions) | | p.opo.ty |
| | | | | | information yo | ou wish to add al | oout this iten | n, such as loca | al | | |
| | | | | | - | red by Noone | e & Assoc | iates. Inc. | | | |
| | | | | ,,bb. | uloui propu | Tod by Noon | | 14100, 11101 | | | |
| | | | | | | | | | | | |
| | | ollar value of the por | - | - | | | | | | ! | \$700,000.00 |
| ı | pages you | have attached for P | art 1. Write that | number | nere | | | = | > | | |
| Dont | O. Dannell | V V-bisla | | | | | | | | | |
| Part | Descri | pe Your Vehicles | | | | | | | | | |
| | | ease, or have legal or | | | | | | | | hicles | you own that |
| some | one else d | drives. If you lease a v | ehicle, also repor | rt it on So | chedule G: Ex | kecutory Contra | cts and Une | xpired Lease | S. | | |
| 3. C a | ars, vans, | trucks, tractors, spo | rt utility vehicle | s, motor | cycles | | | | | | |
| _ | | | | | | | | | | | |
| | No | | | | | | | | | | |
| Ц | Yes | | | | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

Case 20-13664-pmm Doc 15 Filed 10/26/20 Entered 10/26/20 14:58:01 Page 4 of 30 Document Case number (if known) 20-13664 Debtor 1 Paul S. Wheaton 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... Misc. Household Items - (1) Kitchen table (1) Chair (1) Diningroom table (6) chairs, small hutch, (2) Livingroom sofa's, (1) chair, (2) small stands, (2) Dressers (3) beds, (1 night stand, (1) Bookshelf \$1,915.00 with books 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$350.00 (1) Washer, (1) Dryer, (1) Television, (1) Stove, (1) Refridgerator 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No ■ Yes. Describe..... (1) Bicycle \$200.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

11. Clothes

■ No

☐ Yes. Describe.....

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

☐ Yes. Describe.....

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| De | ebtor 1 | Paul S. Wheaton | | | Case number (i | f known) | 20-13664 | |
|-----|--------------------|--|--------------------------------------|--|--|-------------|--|-------------------|
| 13. | | m animals les: Dogs, cats, birds, | horeas | | | | | |
| | ■ No | res. Dogs, cais, birds, | noises | | | | | |
| | | Describe | | | | | | |
| | ■ No | | | id not already list, includ | ing any health aids you did no | ot list | | |
| | ☐ Yes. | Give specific information | tion | | | ĺ | | |
| 15 | | | | n Part 3, including any en | tries for pages you have attac | hed | \$2 , | 465.00 |
| Pa | rt 4: Des | scribe Your Financial A | ssets | | | | | |
| Do | you ow | n or have any legal | or equitable interest | in any of the following? | | | Current value portion you of Do not deduct claims or exer | own? t secured |
| 16. | ■ No | oles: Money you have | | • | ox, and on hand when you file yo | our petitio | on | |
| 17. | Deposit | ts of money les: Checking, saving | s, or other financial a | | osit; shares in credit unions, bro n. list each. | kerage h | nouses, and other s | imilar |
| | ■ No □ Yes | | | Institution name: | | | | |
| 18. | | mutual funds, or pu les: Bond funds, inves | | brokerage firms, money m | arket accounts | | | |
| | ■ No □ Yes | | Institution or issu | er name: | | | | |
| 19. | Non-pu joint ve | | and interests in inco | rporated and unincorpor | ated businesses, including an | interes | t in an LLC, partne | ership, and |
| | ■ No | | | | | | | |
| | ☐ Yes. | Give specific information | tion about them Name of entity: | | % of ownershi | p: | | |
| 20. | Negotia | <i>able instrument</i> s inclu | de personal checks, o | gotiable and non-negotia cashiers' checks, promisso transfer to someone by sig | ry notes, and money orders. | | | |
| | ☐ Yes. 0 | Give specific informat | ion about them Issuer name: | | | | | |
| 21. | Examp | nent or pension acco les: Interests in IRA, I | ounts ERISA, Keogh, 401(k) |), 403(b), thrift savings acco | ounts, or other pension or profit- | sharing | plans | |
| | ■ No | Cat and a second as | t-l | | | | | |
| | ⊔ Yes. L | List each account sep Ty | arately. /pe of account: | Institution name: | | | | |
| | Your sh Examp | | osits you have made | | service or use from a company gas, water), telecommunications | compar | nies, or others | |
| | ■ No □ Yes | | | Institution name | or individual: | | | |
| 23. | Annuiti | es (A contract for a p | eriodic payment of mo | oney to you, either for life o | or for a number of years) | | | |
| | | ssuer i | name and description | | | | | |

page 3

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1 Paul S. Wheaton Case number (if known) 20-13664

| De | ebtor 1 | Paul S. WI | heaton | | | Case number (if known) | 20-13664 |
|-----|------------------|---|---|---|----------------------------|-------------------------------|---|
| 24. | | | ation IRA, in an accor | | orogram, or under a c | qualified state tuition pro | gram. |
| | ■ No □ Yes | | | | e the records of any int | rerests.11 U.S.C. § 521(c): | |
| 25. | Trusts, | equitable or | future interests in pr | operty (other than anyth | ning listed in line 1), a | and rights or powers exe | rcisable for your benefit |
| | _ | Give specific | information about ther | n | | | |
| 26. | Example ■ No | les: Internet d | lomain names, website | ecrets, and other intelled es, proceeds from royalties | | nents | |
| | ⊔ Yes. | Give specific | information about ther | n | | | |
| 27. | | | s, and other general permits, exclusive licer | | tion holdings, liquor lice | enses, professional license | es |
| | | Give specific | information about ther | n | | | |
| M | oney or p | roperty owe | d to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu ■ No | unds owed to | o you | | | | |
| | ☐ Yes. 0 | Give specific i | information about them | n, including whether you a | lready filed the returns | and the tax years | |
| 29. | ■ No | les: Past due | or lump sum alimony, | spousal support, child sup | pport, maintenance, div | vorce settlement, property | settlement |
| | | | | | | | |
| 30. | | <i>les:</i> Unpaid w | leone owes you rages, disability insural unpaid loans you mad | | enefits, sick pay, vaca | tion pay, workers' comper | nsation, Social Security |
| | _ | Give specific | information | | | | |
| 31. | Example | s in insurand les: Health, di | | ce; health savings accoun | nt (HSA); credit, homed | owner's, or renter's insuran | ce |
| | ■ No □ Yes. N | Name the insu | urance company of ea Company nan | ch policy and list its value. ne: | Benefid | ciary: | Surrender or refund value: |
| 32. | If you a someor | | | rom someone who has expect proceeds from a life | | re currently entitled to rece | eive property because |
| | ■ No □ Yes. | Give specific | information | | | | |
| 33. | Example | | | not you have filed a laws s, insurance claims, or rig | | nd for payment | |
| | ■ No □ Yes. | Describe eacl | h claim | | | | |
| 34. | | ontingent an | nd unliquidated claim | s of every nature, includ | ling counterclaims of | f the debtor and rights to | set off claims |
| | ■ No □ Yes. | Describe eac | h claim | | | | |

Official Form 106A/B Schedule A/B: Property page 4

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| | | Document | Page 7 of 3 | 3U | |
|--------------|---------------|---|-----------------------------|---------------------------|------------------------|
| Deb | tor 1 | Paul S. Wheaton | | Case number (if known) | 20-13664 |
| 35. | Anv fin | ancial assets you did not already list | | | |
| _ | ■ No | | | | |
| | ☐ Yes. | Give specific information | | | |
| | | · | | r | |
| 36. | Add tl | ne dollar value of all of your entries from Part 4, includin | ng any entries for pag | jes you have attached | ¢0.00 |
| | for Pa | rt 4. Write that number here | | | \$0.00 |
| | | | | | |
| Part | 5: Des | cribe Any Business-Related Property You Own or Have an Inter | rest In. List any real esta | ate in Part 1. | |
| 37. C | o you o | wn or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | o to line 38. | | | |
| | | | | | |
| | | | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| |) (| | | | |
| 46. l | Do you | own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | No. | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| | | | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | | | | | |
| 53. I | | have other property of any kind you did not already list les: Season tickets, country club membership | ? | | |
| | Lλαπρ] No | res. Season tickets, country dub membership | | | |
| | Yes. | Give specific information | | | |
| | | | | | |
| | | (1) Tool case with tools | | | \$20.00 |
| | | | | | |
| | | | | 1 | * |
| 54. | Add ti | ne dollar value of all of your entries from Part 7. Write th | at number here | | \$20.00 |
| | | | | · | , |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$700,000.00 |
| | | : Total vehicles, line 5 | \$0.00 | | 4100,000.00 |
| 57. | | : Total personal and household items, line 15 | \$2,465.00 | | |
| 58. | | : Total financial assets, line 36 | \$0.00 | | |
| 59. | | : Total business-related property, line 45 | \$0.00 | | |
| 60. | | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | | : Total other property not listed, line 54 + | \$20.00 | | |
| | | | | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$2,485.00 | Copy personal property to | otal \$2,485.00 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$702,485.00

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|----------------|---|
| Debtor 1 | Paul S. Wheaton | | | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | |
| Case number | 20-13664 | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | (1) Tool case with tools | \$20.00 | • | \$20.00 | 11 U.S.C. § 522(d)(3) | | | |
|----|---|--|--------|---|------------------------------------|--|--|--|
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | (1) Bicycle Line from Schedule A/B: 9.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(5) | | | |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | (1) Washer, (1) Dryer, (1) Television, (1) Stove , (1) Refridgerator | \$350.00 | • | \$350.00 | 11 U.S.C. § 522(d)(3) | | | |
| | 6) chairs, small hutch, (2) Livingroom sofa's, (1) chair, (2) small stands, (2) Dressers (3) beds, (1 night stand, (1) Bookshelf with books Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Misc. Household Items - (1) Kitchen table (1) Chair (1) Diningroom table (| te and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) teral exemptions. 11 U.S.C. § 522(b)(2) ist on Schedule A/B that you claim as exempt, fill in the information below. Toperty and line on list property Toperty and line on list property Current value of the portion you own Copy the value from Schedule A/B Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Television, teral list stand, toooks in 6.1 Tomes - (1) Television, teral list stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom) small stands, tas, (1 night stand, toooks in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom, task in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom, task in 6.1 Tomes - (1) Kitchen iningroom table (ch., (2) Livingroom, task in 6.1 Topes - (1) Kitchen iningroom table (ch., (2) Livingroom, task in 6.1 Topes - (1) Kitchen iningroom table (ch., (2) Livingroom, task in 6.1 Topes - (1) Kitchen iningroom table (ch., (2) Livingroom, task i | | | | | | |
| | | | Che | ck only one box for each exemption. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | | | | |
| | You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | | | | |
| | ☐ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | | |
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | |

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 53.1

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| De | btor 1 | Paul S. Wheaton | Case number (if known) | 20-13664 |
|----|--------|--|----------------------------------|----------|
| 3. | | you claiming a homestead exemption of more than \$170,350? oject to adjustment on 4/01/22 and every 3 years after that for cases filed on or | r after the date of adjustment.) | |
| | | No | | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 day | s before you filed this case? | |
| | | □ No | | |
| | | ☐ Yes | | |

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| | | | Document | Page 10 | of 30 | | |
|----------------|------------------------------------|----------------------------|--|------------------|---|-------------------------|-----------------------------|
| Filli | n this informa | ation to identify you | r case: | | | | |
| Deb | tor 1 | Paul S. Wheaton | | | | | |
| | | First Name | Middle Name | Last Name | | - | |
| | tor 2 se if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States Banl | cruptcy Court for the: | EASTERN DISTRICT OF PENN | ISYLVANIA | | | |
| | | D-13664 | | | | | |
| (if kno | own) | | | | | | if this is an ded filing |
| Offi | cial Form | 106D | | | | | |
| | | | Who Have Claims S | Secured | by Propert | У | 12/15 |
| is nee numb | eded, copy the A er (if known). | Additional Page, fill it o | f two married people are filing togethe out, number the entries, and attach it to | | | | |
| | _ | ave claims secured by | | | | | |
| _ | _ | | is form to the court with your other s | schedules. You | u nave notning eise | to report on this form. | |
| | | all of the information b | pelow. | | | | |
| Part | 1: List All | Secured Claims | | | Column A | Column B | Column C |
| | | | nore than one secured claim, list the cred a particular claim, list the other creditors | | Amount of claim | Value of collateral | Unsecured |
| | | | cal order according to the creditor's name | | Do not deduct the | that supports this | portion |
| 2.1 | Bank of An | nerica | Describe the property that secures the | ne claim: | value of collateral. \$169.475.00 | claim \$700,000.00 | If any \$0.00 |
| | Creditor's Name | | 2860 Yellow Goose Road Lar | ncaster, | , , , , , , , , , , , , , , , , , , , | | |
| | | | PA 17601 Lancaster County | | | | |
| | | | Appraisal prepared by Noone Associates, Inc. | e & | | | |
| | Attn: Bank | | As of the date you file, the claim is: 0 | heck all that | | | |
| | 4909 Savar Tampa, FL | | apply. | | | | |
| | | | Contingent | | | | |
| | Number, Street, C | City, State & Zip Code | ☐ Unliquidated☐ Disputed☐ | | | | |
| Who | owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ D | ebtor 1 only | | An agreement you made (such as m | nortgage or secu | red | | |
| | ebtor 2 only | | car loan) | | | | |

☐ Debtor 1 and Debtor 2 only

community debt

 $\hfill \square$ At least one of the debtors and another

☐ Check if this claim relates to a

Date debt was incurred 05/1998

☐ Statutory lien (such as tax lien, mechanic's lien)

Last 4 digits of account number

3371

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

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| Debtor 1 Paul S. Wheaton | | Case number (if known) | 20-13664 | |
|---|--|------------------------|--------------|----------|
| First Name Middle N | lame Last Name | | | |
| Hempfield District Real | | | | |
| Estate Tax | Describe the property that secures the claim: | \$8,999.26 | \$700,000.00 | \$0.00 |
| Creditor's Name | 2860 Yellow Goose Road Lancaster, | | | |
| | PA 17601 Lancaster County | | | |
| | Appraisal prepared by Noone & | | | |
| | Associates, Inc. | | | |
| 200 Church Street | As of the date you file, the claim is: Check all that apply. | | | |
| Landisville, PA 17538 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | car loan) | 554.54 | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| community debt | Other (including a right to onset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.3 Internal Revenue Service | Describe the property that secures the claim: | \$920.00 | \$0.00 | \$920.00 |
| Creditor's Name | | | | * |
| Centralized Insolvency | | | | |
| Operation | As of the date you file, the claim is: Check all that | | | |
| P.O. Box 7346 | apply. | | | |
| Philadelphia, PA 19101-7346 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Number, Street, Oily, State & Zip Code | ☐ Unilquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | car loan) | oourou | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| community debt | — Other (moduling a right to onset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Pennsylvania | | | | |
| Department of Revenue | Describe the property that secures the claim: | \$269.41 | \$0.00 | \$269.41 |
| Creditor's Name | | | | |
| Bankruptcy Division | | | | |
| PO Box 280946 | As of the date you file, the claim is: Check all that | | | |
| Harrisburg, PA | apply. | | | |
| 17128-0946 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s car loan) | ecured | | |
| Debtor 2 only | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | | | |

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| Debtor 1 Paul S. Wheaton | | Case number (if known) | 20-13664 | |
|--|--|------------------------|--------------|--------|
| First Name Middle N | ame Last Name | | | |
| 2.5 Santander Bank, NA | Describe the property that secures the claim: | \$496,935.00 | \$700,000.00 | \$0.00 |
| Creditor's Name | 2860 Yellow Goose Road Lancaster, | | | |
| | PA 17601 Lancaster County | | | |
| | Appraisal prepared by Noone & | | | |
| 1 Corporate Drive | Associates, Inc. | | | |
| Suite 360 | As of the date you file, the claim is: Check all that apply. | | | |
| Lake Zurich, IL 60047 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ■ An agreement you made (such as mortgage or | secured | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 06/2002 | Last 4 digits of account number 080° | 1 | | |
| | - | | | |
| Add the dollar value of your entries in C | Column A on this page. Write that number here: | \$676,598 | .67 | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$676,598 | .67 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Docum | ent Page 13 | 3 01 30 | | |
|---|---|--|---|--|---|--|
| Fill in this info | ormation to identify your | case: | | | | |
| Debtor 1 | Paul S. Wheaton | | | | | |
| 20210 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court for the: | EASTERN DISTRICT | OF PENNSYLVANIA | | | |
| | | | | | | |
| Case number | 20-13664 | | | | П | Check if this is an |
| (ii iaieiiii) | | | | | _ | mended filing |
| | | | | | | anonada ming |
| Official Fo | rm 106E/F | | | | | |
| Schedule | E/F: Creditors W | ho Have Unsec | ured Claims | | | 12/15 |
| Schedule G: Exe Schedule D: Cre left. Attach the C name and case r | ontracts or unexpired leases cutory Contracts and Unexp dittors Who Have Claims Sectiontinuation Page to this pag number (if known). | ired Leases (Official Form ured by Property. If more s e. If you have no informat | 106G). Do not include space is needed, copy | any creditors with pa the Part you need, fil | artially secured claims Il it out, number the en | that are listed in tries in the boxes on the |
| | All of Your PRIORITY Un | | | | | |
| | litors have priority unsecure | d claims against you? | | | | |
| No. Go to | o Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| No. You Yes. 4. List all of younsecured of | have nothing to report in this pour nonpriority unsecured claim, list the creditor separately ditor holds a particular claim, list | art. Submit this form to the of aims in the alphabetical or of for each claim. For each cl | der of the creditor who aim listed, identify what t | holds each claim. If ype of claim it is. Do r | not list claims already inc | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 Aes N | Members 1st Fcu | Last 4 digi | ts of account number | 0001 | | \$25,677.00 |
| Nonprio | rity Creditor's Name | | | | | +, |
| | Bankruptcy | | | Opened 06/12 | Last Active | |
| Po Bo Mach | - | wnen was | the debt incurred? | 02/16 | | = |
| | anicsburg, PA 17055 r Street City State Zip Code | As of the o | ate you file, the claim i | s: Check all that apply | У | |
| | curred the debt? Check one. | | , | | , | |
| ■ Deb | tor 1 only | ☐ Conting | ent | | | |
| | tor 2 only | ☐ Unliquid | | | | |
| | tor 1 and Debtor 2 only | ☐ Dispute | | | | |
| | east one of the debtors and and | _ ' | ONPRIORITY unsecure | d claim: | | |
| | ck if this claim is for a com | Пол | loans | | | |
| debt | Juin 15 101 a COIIII | - | ons arising out of a sepa | ration agreement or d | livorce that you did not | |
| Is the c | laim subject to offset? | report as p | iority claims | | | |
| ■ No | | ☐ Debts to | pension or profit-sharin | g plans, and other sin | nilar debts | |
| ☐ Yes | | Other. | Specify Unsecured | | | _ |

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.2 \$1,930.00 Amex Last 4 digits of account number 1963 Nonpriority Creditor's Name Correspondence/Bankruptcy Opened 03/17 Last Active Po Box 981540 When was the debt incurred? 8/26/20 El Paso, TX 79998 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes AT&T Universal Citi Card 4.3 Last 4 digits of account number 3742 \$392.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 06/02 Last Active Po Box 790034 When was the debt incurred? 10/17/15 St Louis, MO 63179 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Bank of America** Last 4 digits of account number 8192 \$55,773.00 Nonpriority Creditor's Name 4909 Savarese Circle Opened 02/90 Last Active FI1-908-01-50 When was the debt incurred? 05/15 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.5 \$24,940.00 **Bank of America** Last 4 digits of account number 1461 Nonpriority Creditor's Name 4909 Savarese Circle Opened 11/08 Last Active FI1-908-01-50 When was the debt incurred? 05/15 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 **Barclays Bank Delaware** Last 4 digits of account number 3353 \$700.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 08/11 Last Active Po Box 8801 When was the debt incurred? 11/05/15 Wilmington, DE 19899 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 **Chase Card Services** Last 4 digits of account number 1499 \$15,717.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 1/22/01 Last Active Po Box 15298 When was the debt incurred? 10/28/15 Wilmington, DE 19850 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.8 \$8.00 **Credit One Bank** Last 4 digits of account number 6154 Nonpriority Creditor's Name Attn: Bankruptcy Department Opened 11/16 Last Active Po Box 98873 When was the debt incurred? 09/20 Las Vegas, NV 89193 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **David Siwicki** 4.9 Last 4 digits of account number \$1,750,000.00 Nonpriority Creditor's Name When was the debt incurred? 40 Columbia Lane Jamestown, RI 02835 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 7186 \$836.00 **Discover Financial** 0 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 03/99 Last Active Po Box 3025 When was the debt incurred? 08/20 New Albany, OH 43054 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.1 Finance System, Inc. 8221 \$154.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/20 Last Active Attn: Bankruptcy 5703 National Road East Po Box When was the debt incurred? 01/15 786 Richmond, IN 47374 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes G. Patrick Stillman and Food 4.1 Unknown 2 Managment Last 4 digits of account number Nonpriority Creditor's Name 275 East Liberty Street When was the debt incurred? Lancaster, PA 17602 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Grand Vacation Services, LLC** \$7,099.73 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6355 Metro west Blvd. Suite 180 Orlando, FL 32835 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

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Page 18 of 30 Document Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.1 Heckman & Laudeman Unknown Last 4 digits of account number 4 Nonpriority Creditor's Name 400 Pine Brook Place When was the debt incurred? #12 Orwigsburg, PA 17961 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Heidie Fiedler** \$1,300,000.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 432 East Wesner Road When was the debt incurred? Blandon, PA 19510 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Jay and Sharon Linard \$1,300,000.00 6 Last 4 digits of account number Nonpriority Creditor's Name 175 River Road When was the debt incurred? New Ringgold, PA 17960 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No ☐ Yes ☐ Student loans

report as priority claims

Other. Specify

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.1 LVNV Funding, LLC \$864.00 Last 4 digits of account number Nonpriority Creditor's Name P O Box 10584 When was the debt incurred? Greenville, SC 29603 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Micheal & Chris Brubaker Unknown Last 4 digits of account number 8 Nonpriority Creditor's Name 29 Ridge Road When was the debt incurred? Lititz, PA 17543 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Partners Healthcare** 3387 \$809.22 9 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 418393 When was the debt incurred? Boston, MA 02241 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.2 **Resurgent Capital Services** 0496 \$864.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/17 Last Active Pob 10497 When was the debt incurred? 12/15 Greenville, SC 29603 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Capital One** ☐ Yes Other. Specify 4.2 Santander Bank 0801 \$496,395.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/02 Last Active Attn: Bankruptcy 10-64-38-Fd7 601 Penn St When was the debt incurred? 07/20 Reading, PA 19601 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Line Secured 4.2 Scott M. Esterbrook, Esq \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 1717 Arch Street When was the debt incurred? **Suite 3100** Philadelphia, PA 19103 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

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Document Page 21 of 30 Debtor 1 Paul S. Wheaton Case number (if known) 20-13664 4.2 SF IV Maibach LP \$12,500.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 767 Fifth Avenue When was the debt incurred? 12th Floor New York, NY 10153 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **Superior Crane** \$15,000.00 Last 4 digits of account number Nonpriority Creditor's Name 1624 North Douglas Street When was the debt incurred? Florence, SC 29501 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 The Bureaus Inc 2145 \$12,712.00 5 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/16 Last Active Attn: Bankruptcy 650 Dundee Rd, Ste 370 When was the debt incurred? 01/16 Northbrook, IL 60062 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

lacksquare Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Capital One N.A.

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| Debloi | Paul 5. W | neaton | | Case | number (if known) | 20-13664 | |
|-------------------------------|---|--|--|------------|---------------------|------------------------|-------------------------|
| 4.2 | Thompson | Gas | Last 4 digits of account number | | | | \$0.00 |
| | Nonpriority Cred 5260 Westv | iew Drive | When was the debt incurred? | | | | |
| - | | City State Zip Code | As of the date you file, the claim | n is: Che | ck all that apply | | |
| | _ | the debt? Check one. | | | | | |
| | Debtor 1 onl | • | ☐ Contingent | | | | |
| | Debtor 2 onl | • | Unliquidated | | | | |
| | Debtor 1 and | | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecur | ed clain | 1: | | |
| | ☐ Check if thi debt | s claim is for a community | ☐ Student loans ☐ Obligations arising out of a sep | oaration | agreement or divo | orce that you did not | |
| | Is the claim su | bject to offset? | report as priority claims | | | | |
| | ■ No | | Debts to pension or profit-shar | ٥. | | | |
| | Yes | | Other. Specify | | | | |
| 4.2 | Todd J. Fed | ldock, MD | Last 4 digits of account number | 002 | <u>.</u> 9 | | \$357.27 |
| | Nonpriority Cred 1887 Litiz P | ditor's Name | When was the debt incurred? | | | | ¥ |
| | Suite 4 | | | | | | |
| = | | City State Zip Code the debt? Check one. | As of the date you file, the claim | ı is: Che | ck all that apply | | |
| | Debtor 1 onl | ly | ☐ Contingent | | | | |
| | Debtor 2 onl | ly | ☐ Unliquidated | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | ed clain | 1: | | |
| | | s claim is for a community | ☐ Student loans | | | | |
| | debt | bject to offset? | Obligations arising out of a sepreport as priority claims | oaration | agreement or divo | orce that you did not | |
| | ■ No | | ☐ Debts to pension or profit-shar | ing plans | s, and other simila | ar debts | |
| | Yes | | Other. Specify Medical | | | | |
| Part 3: | List Others | s to Be Notified About a De | bt That You Already Listed | | | | |
| 5. Use thing is trying have n | is page only if y ng to collect fro nore than one c | ou have others to be notified a | about your bankruptcy, for a debt that omeone else, list the original creditor at you listed in Parts 1 or 2, list the add | in Parts | 1 or 2, then list t | he collection agency | here. Similarly, if you |
| | nd Address | _ | On which entry in Part 1 or Part 2 did yo | | U | | |
| | Funding, LL ox 10497 | .C | ` | | | riority Unsecured Clai | |
| | ville, SC 296 | 603 | | Part 2 | 2: Creditors with N | Ionpriority Unsecured | Claims |
| | | | Last 4 digits of account number | | | | |
| Part 4: | Add the A | mounts for Each Type of U | nsecured Claim | | | | |
| | the amounts of f unsecured cla | | ims. This information is for statistical | reportir | ng purposes only | /. 28 U.S.C. §159. Add | d the amounts for each |
| | _ | | | _ | | otal Claim | |
| Total | 6a. | Domestic support obligation | S | 6a. | \$ | 0.00 | - |
| claims | | | | | | | |
| from Pa | | Taxes and certain other debt | | 6b. | \$ | 0.00 | - |
| | 6c. 6d. | | injury while you were intoxicated | 6c. 6d. | \$ | 0.00 | - |
| | ou. | Other. Add all other priority dri | secured claims. Write that amount here. | ou. | \$ | 0.00 | - |
| | 6e. | Total Priority. Add lines 6a thr | ough 6d. | 6e. | \$ | 0.00 | |

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Debtor 1 Paul S. Wheaton Case number (if known) 20-13664

| | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
|--------------|-----|---|-----|----|------------------|
| Total claims | | | | · | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 5,022,728.22 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 5,022,728.22 |

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| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|--------------------|----------------|------------------------------------|
| Debtor 1 | Paul S. Wheaton | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | |
| Case number | 20-13664 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Olate | Zii Oodc | |
| 0 | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | Oity | | State | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

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| | | Docume | nt Page 25 c | of 30 | |
|--|--|---|---|---|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Paul S. Wheaton | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | | |
| Case numb | ber 20-13664 | | | | |
| (if known) | 20 10004 | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Codebtors beople are fill it out, a your name | filing together, both are equal number the entries in the and case number (if known) you have any codebtors? (If you | re also liable for any deb ally responsible for supp boxes on the left. Attach . Answer every question | olying correct information the Additional Page (| tion. If more space is r to this page. On the to | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| ■ No. □ Yes 3. In Colinin line | 2 again as a codebtor only it | use, or legal equivalent live ors. Do not include your f that person is a guaran | e with you at the time? spouse as a codebtor tor or cosigner. Make | r if your spouse is filin sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | olumn 2. | | u.o o (oo.u. 1 o 1 | , oo | |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lin | ne. |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lin | |
| | Name | | | Schedule E/F, | |
| | | | | ☐ Schedule G, lin | |
| - | Number Ctreet | | | _ | |
| | Number Street City | State | ZIP Code | | |

Schedule H: Your Codebtors

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| Fill | in this information | to identify your ca | ase: | | | | | |
|----------|--|---------------------|----------------------------|---|----------|-----------------|--|--------|
| Del | btor 1 | Paul S. Whe | aton | | | | | |
| | btor 2 buse, if filing) | | | | | | | |
| Uni | ited States Bankrup | otcy Court for the | EASTERN DISTRICT | OF PENNSYLVANIA | | | | |
| Ca | se number 20 | -13664 | | _ | Ch | eck if this is: | | |
| (If kı | nown) | | | | _ | An amended | • | |
| | | | | |) U | | nt showing postpetition cas of the following date: | hapter |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | MM / DD/ Y | YYY | |
| S | chedule I: | Your Inco | ome | | | | | 12/15 |
| 1. | Fill in your emplinformation. | | | Debtor 1 | | _ | or non-filing spouse | |
| | If you have more attach a separate | • | Employment status | ■ Employed | | ☐ Emplo | yed | |
| | information abou employers. | 1 0 | | ☐ Not employed | | ■ Not en | nployed | |
| | Include part-time | seasonal or | Occupation | Business Owner | | | | |
| | self-employed wo | | Employer's name | Maibach LLC | | | | |
| | Occupation may or homemaker, if | | Employer's address | 2860 Yellow Grove Road Lancaster, PA 17601 | | | | |
| | | | How long employed t | here? 20 years | | | | |
| Pai | rt 2: Give De | etails About Mor | thly Income | | | | | |
| | imate monthly incuse unless you are | | ate you file this form. If | you have nothing to report for any | line, wr | ite \$0 in the | space. Include your non- | filing |
| • | ou or your non-filing e space, attach a s | • | | ombine the information for all empl | oyers fo | or that persor | n on the lines below. If yo | u need |
| | | | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse | |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

| | | | | mig opeace |
|----|-----|----------|-------|------------|
| 2. | \$ | 6,699.94 | \$ | 0.00 |
| 3. | +\$ | 0.00 | +\$ _ | 0.00 |
| 4. | \$ | 6,699.94 | \$ | 0.00 |

Official Form 106I Schedule I: Your Income page 1

| Deb | otor 1 | Paul S. Wheaton | | | Case | e number (if know | n) | 20-13 | 664 | | |
|-----|---------------|--|----------|-----|------------|-------------------|----------|----------|---------|----------------|------------------|
| | | | | | Fo | r Debtor 1 | | | ebtor | 2 or spouse | |
| | Cop | y line 4 here | 4. | | \$_ | 6,699.9 | 4 | \$ | iiiig 3 | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| ٠. | 5a. | Tax, Medicare, and Social Security deductions | 5a | a | \$ | 1,307.9 | a | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$- | 0.0 | | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | 0.0 | | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e | €. | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f | | \$ | 0.0 | 0 | \$ | | 0.00 | _ |
| | 5g. | Union dues | 50 | g. | \$ | 0.0 | 0 | \$ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | _ 5h | Դ.+ | \$ | 0.0 | 0 | + \$ | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,307.9 | 9 | \$ | | 0.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 5,391.9 | 5 | \$ | | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0 - | | • | | | Φ. | | | |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$_ \$ | 0.0 | | \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | Ψ_ \$ | 0.0 | | \$ \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 80 | | \$ | 0.0 | _ | \$ | | 0.00 | _ |
| | 8e. | Social Security | 86 | €. | \$ | 0.0 | | \$ | | 0.00 | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | _ 8f | g. | \$_ \$_ | 0.0 | 0 | \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 01 | Դ.+ | \$_ | 0.0 | <u>U</u> | + \$ | | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$_ | 0.0 | 0 | \$ | | 0.0 | 0 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 5,391.95 + | \$ | | 0.00 | = \$ | 5,391.95 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | 0,001.00 | _ | | 0.00 | | 0,001.00 |
| 11. | Incli othe | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | | | | | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$ | 5,391.95 |
| | | | | | | | | | l | Combi month | ned ly income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form? No. Yes Explain: | ? | | | | | | | | |

| Fill | in this informa | ition to identify yo | our case: | | | 1 | | |
|-------------------|--|---|--|---|--|-------------|-------------------------------------|-------------------------------|
| | otor 1 | Paul S. Whe | | | | _ | eck if this is: | |
| Deb | otor 2 | | | | | | An amended filing A supplement show | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | _ | | the following date: |
| Unit | ed States Bankr | ruptcy Court for the | EASTE | RN DISTRICT OF PENNS | YLVANIA | | MM / DD / YYYY | |
| 1 | e number 20 nown) |)-13664 | | | | | | |
| O | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/1 |
| Be info nur | as complete a complete | and accurate as lore space is ne n). Answer eve | s possible. eded, atta ry question | If two married people are ch another sheet to this t | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House nt case? | ehold | | | | | |
| | ■ No. Go to | line 2. | in a separa | ate household? | | | | |
| | □ N □ Y | | st file Offici | al Form 106J-2, <i>Expen</i> ses | for Separate House | ehold of De | ebtor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | - | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | | □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses o | oenses include f people other t d your depende | han $_{f \Box}$ | No Yes | | | | |
| exp | imate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance if luded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| • | | , | | | | | | |
| 4. | | or home owners and any rent for th | | ses for your residence. In r lot. | nclude first mortgag | e 4. | \$ | 2,358.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 750.00 |
| | | rty, homeowner's | | | | 4b. | · | 0.00 |
| | | maintenance, re owner's associa | | ipkeep expenses dominium dues | | 4c. 4d. | · | 150.00 0.00 |
| 5. | | | | our residence, such as hor | me equity loans | 4u. 5. | · | 1.322.00 |

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| ebtor 1 | Paul S. Wheaton | Case number (if kno | wn) 20-13664 |
|------------------------------|--|---------------------|----------------------------------|
| . Utilitie | es: | | |
| | Electricity, heat, natural gas | 6a. \$ | 425.00 |
| 6b. \ | Water, sewer, garbage collection | 6b. \$ | 100.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 150.00 |
| 6d. (| Other. Specify: | 6d. \$ | 0.00 |
| . Food a | and housekeeping supplies | 7. \$ | 450.00 |
| | care and children's education costs | 8. \$ | 0.00 |
| . Clothi | ng, laundry, and dry cleaning | 9. \$ | 50.00 |
| 0. Persoi | nal care products and services | 10. \$ | 25.00 |
| | al and dental expenses | 11. \$ | 0.00 |
| | portation. Include gas, maintenance, bus or train fare. | · | |
| | include car payments. | 12. \$ | 0.00 |
| | ainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| 4. Charit | able contributions and religious donations | 14. \$ | 100.00 |
| 5. Insura | ince. | | |
| | include insurance deducted from your pay or included in lines 4 or 20. | | |
| | Life insurance | 15a. \$ | 0.00 |
| 15b. l | Health insurance | 15b. \$ | 0.00 |
| 15c. \ | Vehicle insurance | 15c. \$ | 0.00 |
| 15d. (| Other insurance. Specify: | 15d. \$ | 0.00 |
| 6. Taxes | Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify | y: | 16. \$ | 0.00 |
| | ment or lease payments: | | |
| | Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. (| Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. (| Other. Specify: | 17c. \$ | 0.00 |
| 17d. (| Other. Specify: | 17d. \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report | | 0.00 |
| | ted from your pay on line 5, Schedule I, Your Income (Official Form 106 | | 0.00 |
| | payments you make to support others who do not live with you. | \$ | 1,000.00 |
| | y: Alimony | 19. | |
| | real property expenses not included in lines 4 or 5 of this form or on S | | |
| | Mortgages on other property | 20a. \$ | 0.00 |
| | Real estate taxes | 20b. \$ | 0.00 |
| 20c. l | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. l | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. I | Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 1. Other: | : Specify: Haircuts | 21. +\$ | 100.00 |
| 0 0-1 | late your monthly expenses | | |
| | late your monthly expenses | • | 0.000.00 |
| | dd lines 4 through 21. | \$ | 6,980.00 |
| | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | | |
| 22c. A | dd line 22a and 22b. The result is your monthly expenses. | \$ | 6,980.00 |
| 3 Calcul | late your monthly net income. | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 5,391.95 |
| | Copy your monthly expenses from line 22c above. | 23b\$ | 6,980.00 |
| 23D. (| oopy your monung expenses nom me 220 above. | ∠3υ. - φ | ტ,980.00 |
| 23c | Subtract your monthly expenses from your monthly income. | | |
| | The result is your monthly net income. | 23c. \$ | -1,588.05 |
| 4. Do yo ı For exa | u expect an increase or decrease in your expenses within the year afte ample, do you expect to finish paying for your car loan within the year or do you expect ation to the terms of your mortgage? | | o increase or decrease because (|
| ■ No. | | | |
| | | | |

| Elli to di to to f | | | | | |
|------------------------------|--|--|---------------------------|--------------------------|--|
| | ormation to identify your | case: | | | |
| Debtor 1 | Paul S. Wheaton | Middle Name | Last Name | | |
| Debtor 2 | FIISUNAITIE | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT OF PENNSYLVANIA | | | |
| Case number | 20-13664 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| You must file tobtaining mon | his form whenever you fi ley or property by fraud ii . 18 U.S.C. §§ 152, 1341, 1 | n connection with a bankru | or amended schedules | s. Making a false state | ement, concealing property, or 10, or imprisonment for up to 20 |
| S | ign Below | | | | |
| Did you p | pay or agree to pay some | one who is NOT an attorne | ey to help you fill out I | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119) | | | |
| | nalty of perjury, I declare are true and correct. | that I have read the summ | ary and schedules file | ed with this declaration | on and |
| X /s/ Pa | aul S. Wheaton | | X | | |
| Paul | S. Wheaton ture of Debtor 1 | | Signature of | Debtor 2 | |
| Date | October 26, 2020 | | Date | | |